2014 CICIAMS World Congress Theme: Protecting Family Life: the role and responsibilities of nurses and midwives

Title: Faith Based Interventions: HIV/AIDS and Unsafe Abortion

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1.0 Introduction

The World Health Organization (WHO) considers HIV/AIDS to be a world-wide health problem despite the fact that AIDS is preventable (Kelly, 2011). Whereas 2.7 million adults became newly infected, the disease claimed an estimated 2.0 million lives (UNAIDS, 2008). About ten million children under the age of 18 in sub Saharan Africa had lost one or both parents to AIDS (Kelly, 2010) in 2003. By the end of 2006, AIDS had left almost 5.0 million children orphaned in Malawi, South Africa, Uganda, Zambia and Zimbabwe. HIV/AIDS is destroying our people and families.

WHO estimates that one in eight Maternal Deaths are the result of unsafe abortions and that seven women die every hour somewhere in a developing country because of complications arising from unsafe abortion (WHO, 2007 cited in Guttmacher, 2009). In Zambia over 16,000 maternal hospital admissions in 1993 were due to abortions performed in the community by non professionals (Ministry of Health, 2009). This shows that millions of babies loose their lives before they are born.

HIV/AIDS and Unsafe Abortion are greatly fostered by a kind of pansexual culture that devalues sexuality, reducing it to mere pleasure without any further meaning (Vatican Message for World AIDS Day, 2005). Sex should be restored to a loving and life-giving force instead of being
accepted as mainly self-gratification (O'Donohue and Vitillo, 1997) and should not be tackled from medical-social perspectives alone, but from moral-spiritual ones as well. Doing that could help in commanding of one’s morality, one’s own behaviour and one’s own attitude (Sunday Post, 2011). This would result in the formation of conscience of all people resulting in responsible use of human sexuality and in the reduction of HIV/AIDS and Unsafe Abortion cases. This presentation is trying to bring this out. It discusses the values of an African Family and suggests that if practiced, these could help to prevent HIV spread and to reduce unsafe abortion. The Sacredness of Life in Scripture is discussed. An example of three midwives in Monze Mission Hospital who got involved in the prevention of unsafe abortion prevention is given where a pro life organisation is being formed. Some faith based interventions are explained. It is hoped that these interventions deepen the faith of all men and women of good will and make them authentic apostles of the Gospel as they fight HIV/AIDS and Unsafe Abortion. Brief views of the people and some concrete experiences on HIV/AIDS and Unsafe Abortion are given. Thereafter, a conclusion is made.

2.0 Statement of the problem

For every two people who access ART, five others become infected with HIV (UNAIDS, 2006). Therefore, every person who begins ART, two or three others become newly infected. In Zambia 250 new infections occur daily or between 10 and 11 every hour (National AIDS Council, 2009). Fifteen per cent of married people or living together as if married are HIV positive (Zambia Sexual Behavior Survey, 2009). Unfaithful spouses infect their partners with HIV in adultery. Married couples ought to follow the seventh commandment: Do not commit adultery (Ex 20: 14). Among adolescents aged 15-19, 41% of females and 30% of males have had sex. This scenario shows the AIDS crisis remains due to sexual immorality, adultery and fornication. It is surprising that it is happening in Zambia where more than 80% of the population sees itself as Christian (Kelly, 2011).

Globally about 585, 000 women die yearly due to pregnancy and childbirth complications. Africa has 150, 000 and Zambia 591 deaths per 100, 000 live births (Zambia Demographic and Health Survey, 2007). Unsafe Abortion accounts for 13% of global maternal deaths and up to 40% of maternal mortality in African countries. In Zambia it accounts for 30% of these deaths (Ministry of Health, 2009). One quarter of unsafe abortions occur among adolescents aged 15-19, and 60% are among women under age 25. Abstinence among young men and women is not perceived to be widely practical, and that perceptions of behaviour among youth does not conform to stated social norms concerning abstinence and youth. This is contrary to the African traditional values that reinforce the Christian Law in regard to chastity which is highly praised and expected of both the bride and bridegroom with damages to pay if there is an infringement of virginity (O’Donohue and Vitillo, 1997).
3.0 Some statistics

- AIDS has led to more than 20 million deaths over the past two decades (Kelly, 2008).
- An estimated 82,700 adults together with 9,000 children became newly infected with HIV in 2009 (59% women and 41% men) in Zambia.
- Over 14 million children aged 15 or less has lost one or both parents to AIDS (UNAIDS/UNICEF/USAID, 2002).
- 1 in 8 children in sub Sahara Africa was without one or both parents.
- Abortion ends lives of more than 42 million people every year (Life International, 2014).

4.0 Values of an African family. Nurses and midwives especially in Africa should know, and apply them in their own families. They are a strong intervention especially in the formation of conscience supported by moral lessons based on taboos. These could help in HIV/AIDS and Unsafe Abortion prevention.

4.1 Self respect: It is being disciplined and principled. It portrays the type of family one comes from and how one was brought up. Such a person would not indulge in pre/extra marital sex.

4.2 Truthfulness: An African child is taught to be truthful, straight forward and speak nothing but the truth. Such a child will: want to hear the truth, not cheat anyone and not like to be cheated. This is important nowadays when the Revelation of who God is, is being compromised, the image of God is distorted and the life of God in us is being compromised.

4.3 Respect for elders: Age is respected in Africa and anybody older than you should be respected. One should not argue with elders and do not interject them when they are talking. A younger person offers the seat to an older person while travelling in buses or trains.

4.4 Respect for the family: An African family comprises of father, mother, children and the extended family. It is taboo for a family member to talk evil of the other no matter how bad they may be. The whole family tree is respected. A God fearing family respects each other.

4.5 Respect for human life: The African tradition celebrates life. We believe that all human beings including the unborn baby must have life. We respect life conceived and born. When it is born, it is joyfully welcomed as a gift from God. Our Christian tradition also celebrates life.
4.6 Eating together: Only friends will sit at table and share a meal. It is a sign of love, unity and friendship. We share equal portions no matter how little the food is. It is compared to the Eucharist where we share the Body of Christ showing unity, peace and love.

4.7 Solidarity: Community member especially in villages rallied behind one another in: digging a well, building a house and in the production of crops such as maize. People gave material, knowledge and labour voluntarily. Tasks were done within a short time through their inclusive actions without pay. This shows unity and togetherness.

4.8 Belief in and respect for dead ancestors: Africans believe in life beyond death, that the dead are still living somewhere and that death is not the end of everything. We believe that our ancestors intercede for us and protect us against evil. Respect for ancestors is shown by naming a baby after them.

5.0 Sacredness of Life According to Scripture. Life is sacred because it comes from God. Nurses and midwives should always prevent life and take part in HIV/AIDS and unsafe abortion prevention. Biblical passages below prove it:

5.1 “Before I formed you in the womb, I knew you, before you were born I dedicated you a prophet to the nations I appointed you” (Jeremiah 1:5). A prophet is a mouth piece of God, who speaks to people what god tells him/her. He has appointed nurses and midwives prophets. They should represent and promote God’s interests and Will among people especially in the HIV/AIDS and Unsafe Abortion crisis.

5.2 “Defend the cause of the weak and fatherless, maintain the rights of the poor and oppressed. Rescue the weak and needy; deliver them from the hand of the wicked” (Psalm 82: 3-4). Nurses and midwives are to protect children, both in and out of the womb. When they protect born and preborn children, they are imitating God who is the defender of the defenceless.

5.3 “Heal the sick, cleanse the lepers, and raise the dead, cast out devils: freely you have given, freely give” (Mathew 10:8). Nurses and midwives should participate in HIV/AIDS and unsafe abortion prevention. They will be judged according to the way they respond to this.

5.4 “I was hungry and you fed me, thirsty and you gave me a drink, I was a stranger and you received me in your homes, naked and you clothed me, I was sick and you took care of me, in prison and you visited me” (Mathew 25: 35-36). May these words resound deeply in nurses and midwives’ hearts and urge them to be looking forward to be involved in HIV/AIDS and Unsafe abortion fight with love, compassion, truth, justice and mercy.
6.0 **Faith Based Interventions HIV/AIDS and unsafe abortion.** Faith is a personal adherence to God who reveals himself to us by being obedient, faithful, loyal and devoted to Him, Son and Holy Spirit. These interventions would enable people use human sexuality responsibly.

6.1 **For both: before HIV infection and unsafe abortion**

6.1.1 **Total Conversion of all people.** Total conversion is shown by a change of mentality and behavior and a life of witness in word and deed becoming “salt of the earth” and “light of the world” (Mathew 5:13-14). Achieved by: daily personal prayer, reading scripture daily, Mass/receive the Eucharist every Sunday or daily if possible, pray at least one decade of the Rosary daily, 3-5 minutes examination of conscience at noon and before sleeping. We should fast and be reconciled to God.

6.1.2 **Formation of conscience for all people.** Conscience is a practical judgement as to whether an action, word, thought, desire or omission is good and to be consented to or evil. If we follow it we are able to make good, holy and healthy decisions.

6.1.3 **Educate the people on the Will of God.** The Will of God is what He wants of us as found in Micah 6 verse 8. “No, the Lord has told us what is good. What He requires of us is this: to do what is just, to show constant love, and to live in humble fellowship with our God” Knowing the Will of God will enable us bear much fruit for His greater glory and for the good of humanity.

6.1.4 **Educate the people on the Bible and what it says on disease and healing.** The Bible is clear on disease and healing. “Let my people return to me. Remove every obstacle from their path. Build their road and make it ready. I have seen how they acted, but I will heal them, and I will comfort those who morn. I offer peace to all, both near and far.” We need God’s help in the HIV/AIDS and unsafe abortion crisis. He has promised us help and healing.

6.1.5 **Raise awareness on human sexuality from a Christian perspective.** Scripture encourages us to live our human sexuality for the glory of God. In the Song of Songs we are warned about a passion which if not controlled by the will to serve the new covenant instituted by Christ, will lead us away from union with God in heaven, where men and women “neither marry nor are given in marriage” (Mark 12:, Mathew 22: 30, and Luke 20: 35).

6.1.6 **Live the family values.** Family values are highly conservative, preserve human life and they do well for us and future generations.

6.1.7 **Pastoral Care Training.** Pastoral Care attempts to help others through words, acts, and relationships to experience as fully as possible the reality of God’s presence and love in their
lives. “Bear one another’s burdens and fulfill the law of Christ” (Galatians 6). Nurses and midwives could be trained to be pastoral care providers in communities.

6.1.8 Behavior Change Communication. It is the gradual transition from unacceptable lifestyle to an acceptable lifestyle. The “new life in Christ” or “life of the Spirit” is practiced and developed concretely in the world and the church. Behavior change is pleasing to God.

6.1.9 The Media. The internet, television, films, radio, face book and others are influential channels of communication and can bring positive messages in a well-accepted way to large numbers of people. The media should promote life by composing songs that promote life. Community based projects on life and HIV/AIDS should be encouraged by the media. It should work with members of parliament, chiefs, headmen/women on these matters.

6.1.10 Prayer and fasting. Prayer is communicating with God. If we pray properly, we shall do the right things. CICIAMS should identify certain periods such as during Lent or Advent. Members should pray and fast for HIV and unsafe abortion prevention.

6.2 Faith Based Interventions: before HIV infection

6.2.1 Raise Awareness on HIV/AIDS from a Christian Perspective. Discussions, seminars and some training should be done in parishes, churches, institutions, villages and Small Christian Communities.

6.2.2 Psychosocial Counseling. Provide advice or encouragement in relation to voluntary counseling and testing. Husbands and wives should go together for HIV testing, so that they give each other support in case one of them has HIV or AIDS.

6.2.3 Promote sexual abstinence outside marriage. This is the only certain way for un married persons to avoid the sexual transmission of HIV. Youths should be encouraged to abstain until they take up full responsibility by marriage as they will remain healthy in mind and body.

6.2.4 Insist on fidelity on the part of both partners within marriage. The essential role of marriage and family are essential principles for preventing the sexual transmission of HIV transmission.

6.2.5 Marital rape, multiple partnerships, intergenerational relationships, sexual violence and other forms of high-risk behavior. These should be discouraged because they contribute to HIV spread.
6.2.6 *Raise some awareness on the role of a Christian in the HIV/AIDS crisis.* Christians should reach out in compassion and love to those who suffer. By loving them as we love ourselves, we will see Christ in them.

6.3 **Faith Based Interventions: after HIV infection**

6.3.1 *Offer Antiretroviral treatment.* Offer highest standard of treatment for HIV/AIDS, including the prevention and treatment of opportunistic infections. They should always be available and never run out of stock.

6.3.2 *Discordant couples.* Many married couples do not seem to know that they are discordant. Wives fear to tell their husbands their status for fear of being beaten. Husbands do not tell their wives that they are taking ARV. They demand unprotected sex. These need to be guided in managing their reproductive lives.

6.3.3 *Offer Home Based Care.* We must do whatever is within our means to help those who are sick. We encourage them to go for medical care, visit, them, stay them and just be near them. We can look after their gardens, animals of affected families, or drawing water for them. One should bear in mind that when helping the sick, we are serving our Lord himself.

6.3.4 *Give Food and Nutrition.* Food offers some protection against becoming infected and reduce potential for HIV transmission. Progression from HIV to AIDS often takes longer in a person who is well-nourished, resulting in such a person remaining healthy and not needing ARVs for a long time (Kelly 2011). Encourage them to grow their own food.

6.3.5 *Support for orphans.* Give them love and support, making sure they have food, shelter, and clothing, helping them get into school and get whatever medical care they need.

6.3.6 *Fight stigma and discrimination from a Christian perspective.* We should show love, concern and acceptance to those who are HIV positive. God loves every one, unconditionally, everlasting, without distinction, whether HIV positive or not.

6.4 **Faith Based Interventions: before unsafe abortion**

6.4.1 *Pre abortion counseling.* Find out the circumstances that make her want to abort and offer appropriate help. Tell her life is from God. God loves her and he loves the unborn baby equally. Advice her to protect what is right.

6.4.2 *Raise awareness on the sanctity of human life.* Life is from God and should be treasured and respected at all times from conception up to its natural end.
6.4.3 **Raise awareness on the dignity of women.** Women have a special dignity because God has made them channels of life. They bring life into the world and should defend it at all costs. They should not take life away through abortions.

6.4.4 **Teach Human Rights.** Insist that rights of others should be respected including the right of the unborn baby. All human beings are born free and equal in dignity and rights.

6.4.5 **Teach Sex Education.** Parents take an interest to teach sex education to their children. Young people should not learn about sex in the street or from their friends. This will only end in them practicing it.

6.4.6 **Target Christian Medical Professionals.** Teach them the sanctity of human life. Remind them that they are trained to serve life and not to destroy it. “**Ministers of life and never agents of death**” read number 138 of the Charter for Health Care Workers.

6.4.7 **The churches, especially the Catholic Church.** Churches should be more vigorous in the prevention of abortions by raising some awareness on unsafe abortion. Facilities for support to those who have had unsafe and their families need to be established. Counseling and guidance facilities made available for this purpose.

6.4.8 **Governments must not be seen to embrace projects from donors that encourage abortions.** They should promote the faith based interventions as well. Christians in government must not be Christians during the day only. Multinational organizations such as WHO, UNAIDS, UNICEF and others should fund pro life organizations.

6.5 **Faith Based Interventions: after unsafe abortion**

6.5.1 **Post Abortion Counseling.** At this stage, a woman who has aborted is wounded. She should be helped to heal. She should accept herself, that the pregnancy is gone and that the situation will not be reversed. She should be told that God loves her all the same.

6.5.2 **Post Abortion Care and Follow Up.** These women experience complications that require treatment. The complications should be treated in health facilities where the client would be given the appropriate care and observations. She needs to be followed up when discharged.

6.5.3 **HIV/AIDS Counseling and Testing.** It is advisable to counsel and test for HIV. They are at risk of contracting the HIV virus because of having unprotected sex. Integrate with the HIV/AIDS program if positive.
6.5.4 **Treatment of Sexually Transmitted Infections.** STI’s are contacted through sexual intercourse and are spread from one person to another. They are a serious health problem all over the world and Zambia is no exception.

6.5.5 **Natural Family Planning.** NFP is a family planning method that does not interfere with nature and is accepted by different church denominations. International organizations such as WHO and others should offer necessary assistance and support.

6.5.6 **Repentance, Forgiveness and Healing.** Such women and all of us need repentance, forgiveness and healing. Healing Retreats would be helpful where all those who had aborted before could talk about their issues and be reconciled to God.

7.0 **An example of midwives’ involvement in unsafe abortion prevention.** An observation was made in 2007 that there was a high number of abortions in Monze Mission Hospital. Three midwives Olleen Choona Shakalima, Vide Mwiinga Mugwagwa and Justina Mooya Yamba analysed the 2006 patients’ files. The purpose of the analysis was to improve practice in the hospital, the district, beyond and prevent further abortions. The graphs below summarizes the findings.
Age group Vs Number of abortions- 2005 & 2006

Summary of abortions per type- 2005 & 2006

Denomination Vs number of abortions- 2005 & 2006
Following the analysis, Loving Life, Offering Hope was started. However, it is still in the planning phase. The aim of the organization is to provide with excellence quality life education through information education, and communication, care services, and support to those in crisis pregnancies, and post abortion care including orphans and vulnerable children who are pregnant or have aborted.

A Faith Based Care for Life and a Faith Based HIV Training Manual have been written and shall be used by the organization. Services will include: free pregnancy/HIV testing, pre and post abortion counseling, 24 hours Hotline, raising awareness on abortion, HIV and other related subjects such as Human Development to mention but a few, formation of support groups, post abortion follow up and offering temporary shelter for those girls in crisis pregnancies.

8.0 Some views of the people on HIV/AIDS

8.1 BB is 32 and married with 4 children. “HIV/AIDS is a result of bad behavior. Good behavior could stop the spread of HIV. Campaigns for behavior change are to be promoted. Condoms are taboo in Zambia should not be promoted. ARV’s should be sold at a very high price. Some people misbehave because of the free ARV’s.”

8.2 BC is 68 and has been taking ARV’s for 8 years. “Information should be given to people on HIV/AIDS. I got the virus either from my daughter whom I looked after while in hospital or my second husband who died within two years of marriage. If I had the information, I could have avoided it.”
8.2.0 Some views of the people on unsafe abortion

8.2.1 SM is 30 years and married with 4 children. “Unsafe abortion is murder. It is alien in Zambia. Girls and parents of those who abort should be jailed for not less than 25 years. All people should have good morals.”

8.2.2 EK is a 50 and Head Mistress of a government school. “Girls nowadays have lost the African culture of not indulging in sex before marriage. They should be encouraged to keep their virginity. Boys should not be having free sex. Hold seminars in communities, schools and churches to sensitize members on unsafe abortion. Those who abort should be jailed.”

9.0 Two concrete experiences on HIV/AIDS

9.1. D M is 28 years old; single with three children from different men and sales her body for sex. She has been in this trade for many years because she has nothing else to do. DM has educated her children and has built a three roomed house with iron sheets. She is on ARVs now. One daughter is pregnant and still living with her.

9.2 AP is 19 years, married with two children (3 years, 9 months). She was found to be HIV negative during Ante Natal Care. Her husband was HIV Positive. They were having unprotected sex until she becomes HIV positive. She blames her mother for telling her not leave him. Some lobola was paid for her.

9.0 Two concrete experiences on unsafe abortion

9.1. AZ is 32 years old teacher, married, has four children and is expecting her fifth child. Her husband arranges for termination through their medical doctor friend. She conceives again a month after the termination. Her husband offers money saying “You know what to do.” She refuses the second abortion. He now spends his time drinking and womanising.

9.2 JM is 28 years old, divorced and has two children. She becomes pregnant from another man who ditches her upon hearing the news. She terminates the pregnancy, ends up with an incomplete abortion and is admitted to hospital for evacuation. JM said she has no means of looking after a third child.

10.0 Conclusion

The presentation has brought to shore the gravity of the HIV/AIDS and unsafe abortion situation. We read in Genesis Chapter One how God brought order and light out of chaos and darkness. It is our belief that God will bring order, light and hope out of the chaos and darkness of HIV/AIDS and unsafe abortion (Kenneth Kaunda, the First Zambian President cited in Kelly, 2008). Responsible use of human sexuality will morally take care of HIV/AIDS and unsafe
abortion. The faith based interventions and following the views of the people on the subjects under discussion could make this possible. Nurses and midwives especially in Africa need to know, practice and re-enforce some of the Family Values as a way of protecting the family. Three midwives from Monze Mission Hospital have shown what could be done to prevent unsafe abortion.

**References**


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